EXHIBIT A

EXHIBIT A

		Date Stamped Copy Returned No self addressed stamped envelope No copy to return
United States Bankruptcy Court Southern Di	istrict Of <u>New York</u>	PROOF OF CLAIM
Name of Debtor Delphi Corporation	Case Number 05-44481	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative exper- the case. A "request" for payment of an administrative expense may be filed pure	nse mining after the commencement	of Cistor #15679
Name of Creditor (The person or other entity to whom the debtor owes money or		Delphi Corporation, et al.
property): Fry's Metals Inc., a	that anyone else has filed a	05-444\$1 (RDD)
Cookson Electronics Company	proof of claim relating to your claim. Attach copy of	
Name and Address where notices should be sent:	statement giving particulars.	
Maria J. Goncalves, Esq.	Check box if you have never	Received
Adler Pollock & Sheehan P.C.	received any notices from the	AUC 1 1 200C
One Citizens Plaza, 8th Floor	bankrupicy court in this case.	AUG 1 1 2006
Providence, RI 02903	Check box if the address differs from the address on the	Kurtzman Carson
Telephone Number: (401) 274-7200	envelope sent to you by the court.	This Space For Court Use Only
ast four digits of account or other number by which creditor identifies	Check here replaces	
debtor: 1521		previously filed claim dated:
1. Basis for Claim	C. Mark Charles C.	
IXGoods Sold / Services Performed	☐ Retiree benefits as defined in	a 11 U.S.C. \$ 1114(a)
···	☐ Wages, salaries, and comper	7 7
☐ Taxes	Last four digits of your SS i	h
☐ Money Loaned	Unpeid compensation for se	rvices performed
C Personal Injury	from	to
□ Other	(date)	(dete)
2. Date debt was incurred:	3. If court judgment, date of	otalaed:
June, 2004 - February, 2005		
4. Classification of Claim. Check the appropriate box or boxes that best	describe your claim and state th	e amount of the claim at the time case filed.
See reverse side for important explanations, Unsecured Nonpriority Claim \$ 12,284.59	E erinana a arena	
	Secured Claim.	hm is secured by collateral (including a right of
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing	scioff).	mi to accorded by Commercia (increasing a right of
it, or if c) some or only part of your claim is entitled to priority.	Brief Description of Collater	d:
	C Road Balaco C Ma	_ 1
Unsecured Priority Claim.	Value of Collateral \$	
Check this box if you have an unsecured claim, all or part of which is stilled to priority	Amount of arrearage and other secured claim, if any: \$	or charges <u>at time case filed</u> included in
Amount entitled to priority \$		^
pecify the priority of the claim: Domertic support obligations under 11 U.S.C. § 507(a)(1)(A) or	Up to \$2,225* of deposits town	nd purchase, lease, or rental of property or services
ı)(I)(B).	for personal, family, or househol	1 1111111111111111111111111111111111111
a begin and a designation of the standard of t	• • • • • • • • • • • • • • • • • • •	enumental units - 11 U.S.C. § 507(a)(8).
commune subsolutions in marking _ 1 1 11 C (*) # #67/a)/d1	Other - Specify applicable parag	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5),	Amounts orn subject to adjustment on with respect to cases communical on	
. Total Amount of Claim at Time Case Filed: \$ 12,284,5 (Unaccured)	(Secured)	\$12,284,59 (Priority) (Youd)
Check this box if claim includes interest or other charges in addition to the princi		mixed statement of all interest or additional charges.
Credits: The amount of all payments on this claim has been credited and deduce	of for the number of marine this on	poliof ctains. The stace for cate up car
Supporting Decuments: Attach copies of supporting documents, such as promis	sory notes, purchase orders, invoice	a, iteratized
statements of running accounts, contracts, court judgments, mortgages, security a DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available,	greements, and evidence of perfecti explain. If the domestors are when	edustra [[i]][i] Bill in a mari
atisch a stemmery.	·	The second secon
Date-Stamped Capy: To receive an acknowledgment of the filing of your claim, and copy of this proof of claim	, enclose a stumped, self-addressed o	
ste: Sign and print the range and title, if any, of the endition or of	ther parton authorized to file this chie	CUAIMS PROCESSING CENTE
of power of attorney, if anyly well file	elles_	TSOO, SDNY
1y 28, 2006 Maria J. Gorreal/ves, Fet. Penalty for preventing fraudalent claim: Fine up to 1500,000 or important.	isonment for sin so 5	
A security to the security is security to come is the rib to security of Heby	MANAGEMENT TO THE ST S	

United States Bankruptcy Court Southern Di	istrict Of New York	PROOF OF CLAIM
Name of Debtor	Case Number	This Souce For Court Use Only
Delphi Automotive Systems, LLC	05-44640	This spect of count on only
NOTE. This form should not be used to make a claim for an administrative expen	ase arising after the commencement of	CAME #15681
the case. A "request" for payment of an administrative expense may be filed passe	sant to 11 U.S.C. § 503.	Delphi Corporation, et al.
Name of Creditor (The person or other easily to whom the debtor owes money or property): Fry's Metals Inc., a	the charge have it has set that the	05-4448) (RDO)
Cookson Electronics Company	that anyone else has filed a proof of claim relating to your	Date Stamped Copy Returned
Name and Address where notices should be sent:	claim. Attack copy of statement giving particulars.	No self addressed stamped envelo
Maria J. Goncalves, Esq.		No cathodives
Adler Pollock & Sheehan P.C.	Check box if you have never received any actions from the	, (300,)
One Citizens Plaza, 8th Floor	bankraptcy court in this case.	AUG 11 2006
Providence, RI 02903	E) Check box if the address	MOO I I 2000
220-230-10-20-20-20-20-20-20-20-20-20-20-20-20-20	differs from the address on the	Kurtzman Carson
Telephose Number: (401) 274-7200	envelope sent to you by the court.	The Course Day Change Fine Only
Last four digits of account or other number by which creditor identifies		This Space For Court Use Only
deblor: 7519; 9929; 8354; 3975; 5771; 0406;	Check here @ replaces	
3422: 7714 1. Basis for Claim	if this claim amonds a pre-	riously filed claim dated:
	The Market and the control of the co	
	Retirec benefits as defined in 11	
☐ Taxes	Wages, salaries, and compensation	
Money Lounce	Last four digits of your SS #:	
D Personal Injury	Unpaid componsation for service	
□ Other	fromto	· · · · · · · · · · · · · · · · · · ·
2. Date debt was incurred:	(date)	(date)
May, 2001 - October 8, 2005	3. If court judgment, date obtain	ed:
	1	
 Classification of Claim. Check the appropriate box or boxes that best of Secreverse side for important explanations. 	rescribe your claim and state the am	ount of the claim at the time case filed.
Unsecured Nonpriority Cisim \$ 58,228,25	Secured Claim.	[
Check this box if, a) there is no collateral or lien securing your		secured by collateral (including a right of
claim, or b) your claim exceeds the value of the property require	scioff).	
it, or if c) none or only part of your claim is entitled to priority.	Brief Description of Collisteral:	
Unsecured Priority Claim,	D Real Bitate D Motor	/efricle [] Other
Check this box if you have an unsecuted claim, all or part of which is	Value of Colinteral \$	
entitled to priority	Amount of arrearage and other cha	rges at time case filed included in
Amount extitled to priority \$	socured claim, if any: \$	
Specify the priority of the claim:		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	Up to \$2,225° of deposits toward part	chase, lease, or rental of property or services
a)(1)(B).	for personal, family, or bousehold use	- I I U,S.C. § 597(a)(7).
	Taxes or penalties owed to governmen	
ezsiness, whichever it enriter > 11 T.E.S.C. it shorts via	Other - Specify applicable paragraph	
7 Chambinations of the constraint of the constra	mounts are subject to edjustment on 4/1/07 with respect to cases communed on or afti	and every 3 years thereofter or the date of adjustment.
. Total Amount of Claim at Time Case Filed: \$ 58,228.29	5	\$58,228.25
(Unaccured)	(Secured) (P)	riority) (Total)
ICheck this box if claim includes interest or other charges in addition to the princip	el amount of the claim. Attach itemized	statement of all interest or additional charges.
Credits: The amount of all payments on this claim has been credited and deducted Supporting Decuments: Attach copies of supporting documents, such as promises	ara maday sumabana andan ingainn isan	
PARTITIONS OF THE PARTY SCHOOLSES, COMPACTS, COMPACTOR STATEMENT WAS ASSESSED FOR THE PARTY OF T	recovered and midena a functional and	CONTINUE TO SECURE SECURITY SE
attach a statistically.	explain. If the documents are voluminous	A LUCITION OF THE PROPERTY OF
Date-Stamped Copy: To receive an acknowledgment of the fiting of your claim, o	noices a stamped, self-addressed exveto	
and copy of this proof of Claim		111 111
sto: Sign and point the name and tille, if any, of the creditor british of power of attorney, if any):	er portion sylhorized to file this claim (attac	
Maria J. Goncalves, Esq. A.	law	OLUMS PROCESSING CENTER
Penalty for presenting froudulant claim: Fine up to \$500,000 or impets	onment for up to 5 years, or both.	

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United States Bankruptcy Court Southern I	District Of New York	PROOF OF OUR
Manie of Deptot	Case Number	PROOF OF CLAIM This Space For Court Use Only
Delphi Connections Systems	05-44624	This space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative exp the case. A "request" for payment of an administrative expense may be filed on	cose prising after the	1
the case. A "request" for payment of an administrative expense may be filed pur.	suant to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money property): Fry's Metal Inc., a	or Check box if you are aware	
Cookson Electronics Company	that anyone cise has filed a	151.00
Name and Address where notices should be sent:	proof of claim relating to your claim. Attach copy of	15680
	statement giving particulars.	
Maria J. Goncalves, Esq.	Check box if you have never	Received
Adler Pollock & Sheehan P.C.	received any notices from the	110001100
One Citizens Plaza, 8th Floor	bankruptcy court in this case.	AUG 1 1 2006
Providence, RI 02903	(Check box if the address	MOG TY FOOD
Telephone Number: (401) 274-7200	differs from the address on the envelope sent to you by the	Kurtzman Carson
·L	court.	
Last four digits of account or other number by which creditor identifies debtor:	Chatta	This Space Per Court Use Only
9885	Check here D replaces	
1. Basis for Claim	if this claim amends a prev	iously filed claim dated:
IX Goods Sold / Services Performed	Retiree benefits as defined in 11 t	180 111140
☐ Customer Claim ☐ Taxes	Wages, salaries, and compensation	ASIC. 9 1114(8)
□ Money Loaned	Last four digits of your SS #:	(un out below)
O Personal Injury	Unpaid compensation for services	performed
Other	fromto	
2. Date debt was incurred:	(date)	(date)
October, 2005	3. If court judgment, date obtaine	d:
4. Classification of Claim. Check the appropriate box or boxes that best of See reverse side for important explanations. Unsecured Nonpriority Claim \$ 4,625.00 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim.	Secured Claim.	ecured by collateral (including a right of
Check this box if you have an unsecured claim all as not a first a	Value of Collateral \$	D Oute
chaded to priority	Amount of arrearage and other charg	es at time case filed included in
Amount entitled to priority \$	secured claim, if any: 5	
Specify the priority of the claim:		
☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or a)(1)(B).	Up to \$2,225* of deposits toward purch	ase, lease, or rental of property or services
Wages, salaries, or commissions (up to \$10,000) # accordance to \$10	Langaine, resultity, of Household file -	11 U.S.C. 8 507(±¥7) I
	Taxes or penalties owed to governments Other - Specify applicable paragraph of	u units - 11 U.S.C. § 507(a)(8).
Contributions to an employee hands at a contribution of the contributions to an employee hands at the contributions of the contributions to an employee hands at the contributions of the contributions to an employee hands at the contributions of the contribution	OUTUS OFE SUBJECT to adjustment on A/1/07 on	ed mem t man channels
. (3/4)	ith respect to cases commenced on or after t	the date of adjustment.
. Total Amount of Claim at Time Case Filed: \$ 4,625.00		\$4,625.00
(Unsecured) Check this box if claim includes interest or other charges in addition to the principal	(Secured) (Prior amount of the claim. Attach itemized sta	rity) (Total) terment of all interest or additional charges.
Credits: The amount of all payments on this claim has been credited and deducted is Supporting Documents: Attach copies of supporting documents, such as promissor statements of running accounts, contracts, court judgments, mortgages, security agre DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, exp attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filling of your claim, en and copy of this proof of claim	for the purpose of making this proof of cla y notes, purchase orders, invoices, itemize ements, and evidence of perfection of lier plain. If the documents are voluminous, close a stamped, self-addressed envelope	MI 3 1 SOUR
of power of attorney, if any):	person authorized to file this claim (attach o	INS PROCESSING JENTER
TO TO THE MARIA J. GORCATORY TREATER TO THE		DOGO, SLAVE
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprison	ument for up to 5 years, or both. 18 U.S.O	C. §§ 152 and 3571

United States Bankruptcy Court Southern	District Of New York	PROOF OF CLAIM	
Name of Debtor	Case Number	This Space For Court Use Only	
Delphi Mechatronic Systems, Inc.	05-44567	rins space for court ose oray	
NOTE: This form should not be used to make a claim for an administration			
			Ì
Name of Creditor (The person or other entity to whom the debtor ower mon	ey or Check box if you are aware		ļ
property): Fry's Metals Inc., a	that anyone cise has filed a		J
Cookson Electronics Company	proof of claim relating to your	15682	
Name and Address where notices should be sent:	claim. Attach copy of statement giving particulars.	13686	ľ
Maria J. Goncalves, Esq.	Check box if you have never		
Adler Pollock & Sheehan P.C.	received any notices from the	Received	i
One Citizens Plaza, 8th Floor	bankruptcy court in this case.		
Providence, RI 02903	El Check box if the address	AUG 11 2006	
(100)	differs from the address on the	MOO 1 1 2000	
Telephone Number: (401) 274-7200	envelope sent to you by the	Kurtzman Carson	
ast four digits of account or other number by which creditor identifie		This Space For Court Use Only	_]
ebtor: 0860; 0893	Check here replaces		7
1. Basis for Claim	1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ously filed claim dated:	
I. Basis for Claim IX Goods Sold / Services Performed			-
Customer Claim	Retirce benefits as defined in 11 U	LS.C. § 1114(a)	1
Taxes	☐ Wages, salaries, and compensation	(fill out below)	1
Money Loaned	Last four digits of your SS #:		1
D Personal Injury	Unpaid compensation for services	performed	ļ
] Other	from toto		1
Date debt was incurred: September, 2005;	(date)	(date)	_
June, 2005 - October, 2005	3. If court judgment, date obtained	d;	1
Classification of Claim. Check the appropriate box or boxes that be See reverse side for important explanations. Insecured Nonpriority Claim \$ 14,615.98 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Secured Claim.	unt of the claim at the time case filed.	
nsecured Priority Claim.	☐ Real Estate ☐ Motor Ve	thicle Other	į
Check this box if you have an unsecured claim, all or part of which is	Value of Collateral \$	Vacio C Carri	
titled to priority	Amount of arrearage and other charge	es at time case filed included in	
nount entitled to priority \$	secured claim, if any: \$	ALTHUR MAN AND MINOR MIN	
ecify the priority of the claim;			
Domestic support obligations under H U.S.C. § 507(a)(I)(A) or (I)(B).	☐ Up to \$2,225* of deposits toward purch for personal, family, or household use -	ase, lease, or rental of property or services	
Wages, salaries, or commissions (up to \$10,000),* carned within 180	☐ Taxes or penalties owed to government	11 U.S.C. § 507(#)(7),	l
5 OCIOIC THINK OF THE DRIKKINGEV netition or recention of the delicate	D Other - Specify applicable paragraph of	TITED C F COTAN	
iness, whichever is earlier + 11 U.S.C. § 507(a)(4).	* Amounts are subject to adjustment on 4/1/07 or	nd every 2 venre thereader	
- 1 010.01 3 01(2)(3).	with respect to cases commenced on or after	the date of adjustment.	
Total Amount of Claim at Time Case Flied: \$ 14,615.	98	\$14,615.98	
(Unsecured)	(Secured) (Prio		1
heck this box if claim includes interest or other charges in addition to the prin	cipal amount of the claim. Attach itemized sta	tement of all interest or additional charges.	
redits: The amount of all navments on this claim has been all the		}	
doments of number accounts contracts court indemands	asory notes, purchase orders, invoices, itemiz		WE
O NOT SEND ORIGINAL DOCUMENTS. If the documents are not available act a summary.	agreements, and evidence of perfection of lies c, explain. If the documents are universalization	E CEI	VE N
ite-Stamped Copy: To receive an acknowledgment of the filling of your state.			
			2005
Sign and print the more and title, if any, of the creditation of power of attorney, if any () () () and () are creditation of power of attorney, if any () () () () () () () () () () () () ()	other person fithorized to file this claim (stach o	COPY	
ly 28,2006 Maria J. Goncalves, Eso.	1 Calas	I k t	N.S. PENETCO
Penalty for presenting fraudulent claim: Nipe up to \$500,000 or imp	eitenment for un to Same	CHAIMS PROCESS	1
To a solution of this	THE STREET WHO STEEDS COURS OF BUSINESS	L AA 157 and 3571 Management	